

result of the lactic acid inducing functional change in the nervous centre which co-ordinates muscular movement, that centre being weak, and therefore a point of minimum energy, and this condition being hereditary or acquired. He also applied his theory to explain why the same cause (cold), which in one person appears to produce acute rheumatism, in others produces pneumonia, tonsillitis, etc.

Since the meeting Dr. Latham has extended his theory to diabetes. If it be true, it ought, he says, to explain the phenomena of that disease with a normal or subnormal temperature, and he maintains that the lower nerve action is sufficient to do this. Salicylic acid may then (whilst the patient perhaps is taking ordinary diet) cause the sugar to disappear from the urine and lessen the amount of that secretion without even altering the condition of the nervous system upon which the symptoms depend.—*Lancet*, Nov. 13, 1880.

Active Treatment of Syphilis of the Nervous Centres.

Prof. CHARCOT treats these cases (*Gazette de Hôpitaux*, July 3, 1880) by the administration of a daily dose of iodide of potassium, varying from 75 to 120 grains, using at the same time inunction of 60 to 90 grains of mercurial ointment during the day. At the end of a fortnight this treatment is suspended for a time, while only moderate doses of iodide are given, the more energetic treatment being subsequently resumed.—*Lond. Med. Record*, Nov. 15, 1880.

Treatment of Asthma by the Induced Current.

Dr. I. BURNEY YEO, Physician to King's College Hospital, reports (*Lancet*, Nov. 13, 1880) an exaggerated case of asthma which he saw in consultation with Dr. Richard Schmitz, of Neuenahr, and which had been treated by the application of the induced current, and apparently completely cured thereby.

The patient, a gentleman about forty years of age, had suffered from paroxysms of asthma for more than six years, originally induced, he believed, by a severe attack of catarrh. He had tried numerous remedies and visited various climates, but without any considerable relief. This year he was spending a second season at Neuenahr, but without any relief to his asthmatic attacks. Quite recently he was seized with an attack of unusual severity and duration, which had lasted, with but slight intermissions, for three whole days and nights, when, as all other resources had failed, it occurred to Dr. Richard Schmitz to try the effect of the induced current applied in the manner suggested by Dr. Max Schaeffer of Bremen.¹ The relief afforded was immediate, and after twelve applications—i. e., an application twice a day for six days—the patient appeared quite well. Dr. Yeo examined his chest carefully, and there was no trace of wheezing or of dry or moist râles of any kind. He examined his throat, and found evidence of chronic pharyngitis, the mucous membrane being very granular from the presence of many enlarged swollen follicles; but it was quite clean, and free from mucous secretion. The tonsils were scarcely at all enlarged, although they had been much so formerly. Dr. Yeo mentions these facts with respect to the condition of the throat, as they bear on the theory of the action of the remedy to which he alludes. The influence of the remedy had been so complete that the patient's gait and carriage were totally changed, and instead of assuming the bent, stooping figure of the asthmatic, he walked as upright as his fellows.

The galvanic current had been applied to the throat in the situation of the great nerve trunks, the vagus and sympathetic, each pole being applied just below

¹ Deutsche Medicinische Wochenschrift, 1879, No. 32.

the angle of the jaw and in front of the sterno-cleido mastoideus. The current, mild at first, was gradually increased in intensity until it could be distinctly appreciated by the patient as passing through the soft palate from one side of the throat to the other. It was continued for fifteen minutes at each sitting. It was noticed that the pupils, widely dilated at first, became strongly contracted as soon as the application of the current gave relief. Dr. Max Schaeffer, who has recently advocated this treatment, agrees in the main with Biermer as to the pathology of idiopathic asthma, meaning by *idiopathic* asthma those attacks in the intervals between which no evidence of morbid changes in the lungs can be found. He regards these attacks as a tonic spasm of the middle and finer bronchial tubes; but he looks upon the spasm as secondary, and agrees with Weber in believing the primary change to be a swelling or tumefaction of the bronchial mucous membrane, dependent on a fluxionary hyperæmia, itself due to a vaso-motor nervous influence, the principal rôle being played by the pulmonary fibres of the vagus. According to this view asthma is an irritative and reflex pulmonary neurosis.

The morbid state, upon which the asthma depends, may—affect (1) the nerve itself, or (2) the coverings of the nerve, or (3) the tissues adjacent to the nerve.

Max Schaeffer lays great emphasis on the third of these conditions—viz., that morbid states of the structures adjacent to the nerve may influence and disturb the nervous currents. Tumours, such as nasal polypi, hypertrophied tonsils, swollen cervical or bronchial glands (temporary hyperæmia of these glands), can, according to their position, cause irritative pressure on nerve filaments connected with the respiratory centres. He found that many of his asthmatic patients were the subjects of nasal catarrh, or pharyngeal catarrh, or laryngo-tracheal catarrh. He noticed that swellings of the mucous membranes of these parts were attended with asthmatic paroxysms, and patients would constantly refer the seat of their discomfort lower or higher in the throat, according to the seat of the swelling, and he concludes that all the symptoms of asthma are symptoms of irritation brought on by pressure on nerves which are in connection with the pulmonary portion of the vagus, and especially in the upper part of the respiratory tract—the pharynx, larynx, and trachea.

He examines carefully the nose and throat, and applies the electrodes according to the seat of the disease. Usually the two electrodes are placed on each side of the neck about two centimetres below the angle of the jaw, and sometimes a little lower down in front of the sterno-cleido mastoideus. The current must be of good strength, so that the patient can feel the stream go across the larynx and soft palate. In bad cases it should be applied twice a day from fifteen to thirty minutes each sitting. He states that in the most severe cases it has acted “like witchcraft.” He has never found the constant current do any good, but he has never failed with the induced current.

Certainly the result of the application of the induced current in the case that came under Dr. Yeo's observation was very remarkable.

— On Angina Pectoris.

Prof. POTAIN, in a clinical lecture at the Necker (*Gaz. des Hôp.*, August 19), observed that he believed that three forms of this affection can be distinctly recognized, all characterized by agonizing substernal pain, propagated in the paroxysmal form to the upper extremities. It differs from ordinary dyspnœa, as there is no oppression (properly so called), but a kind of constriction of the parietes of the thorax.

1. The first form, symptomatic of a lesion of the coronary arteries, may be re-